

Bureau of Health Care Quality and Compliance

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|---|--|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION       |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>NVS63AGZ</b>          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/13/2010</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MONTHILL PALMS</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4062 MONTHILL<br/>LAS VEGAS, NV 89121</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| Y 000   | <p>Initial Comments</p> <p>Surveyor: 28384</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 1/13/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed.</p> <p>The facility received a survey grade of A.</p> | Y 000   |  |  |
| Y 105<br>SS=F   | <p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200<br/>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:<br/>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by:<br/>Surveyor: 28384<br/>Based on record review on 1/13/10, the facility</p>   | Y 105   |  |  |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 105   | Continued From page 1<br><br>failed to ensure 1 of 4 caregivers met background<br>check requirements (Employee #1 - no FBI<br>report).<br><br>This was a repeat deficiency from the 6/24/09<br>State Licensure survey.<br><br>Severity: 2 Scope: 3  | Y 105  |  |                          |  |
| Y 435<br>SS=F   | 449.229(4) Fire Extinguisher; Inspection<br><br>NAC 449.229<br>4. Portable fire extinguishers must be inspected,<br>recharged and tagged at least once each year by<br>a person certified by the State Fire Marshall to<br>conduct such inspections.<br><br>This Regulation is not met as evidenced by:<br>Surveyor: 28384<br>Based on observation on 1/13/10, the facility<br>failed to ensure that 2 of 2 facility fire<br>extinguishers were inspected annually.<br><br>Severity: 2 Scope: 3 | Y 435  |  |                          |  |
| Y 936<br>SS=F   | 449.2749(1)(e) Resident file-NRS 441A<br>Tuberculosis<br><br>NAC 449.2749<br>1. A separate file must be maintained for each<br>resident of a residential facility and retained for at<br>least 5 years after he permanently leaves the<br>facility. The file must be kept locked in a place<br>that is resistant to fire and is protected against<br>unauthorized use. The file must contain all<br>records, letters, assessments, medical  | Y 936  |  |                          |  |

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| Y 936   | <p>Continued From page 2</p> <p>information and any other information related to the resident, including without limitation:<br/>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by:<br/>Surveyor: 28384<br/>Based on record review on 1/13/10, the facility failed to ensure 1 of 5 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1) which affected all residents.</p> <p>This was a repeat deficiency from the 9/8/08 and 6/24/09 State Licensure surveys.</p> <p>Severity: 2 Scope: 3</p> | Y 936  |  |                          |  |

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